CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENTEOFIECONOMIC INTERESTS

PRACTICES COVER PAGE T N

13 JAN 29 P4:1

Please type or print in ink.

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NAME OF FILER (LAST) Croft Steven 1. Office, Agency, or Court Agency Name City of Lakewood Division, Board, Department, District, if applicable Your Position City Council Member ▶ If filing for multiple positions, list below or on an attachment. 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) □ State County of _____ City of Lakewood 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2012, through Leaving Office: Date Left ____/___ December 31, 2012. (Check one) The period covered is _______, through O The period covered is January 1, 2012, through the date of leaving office. December 31, 2012. The period covered is ______, through Assuming Office: Date assumed ____/___/_ the date of leaving office. Candidate: Election year ___ ___ and office sought, if different than Part 1: ___ 4. Schedule Summary ▶ Total number of pages including this cover page: ___ Check applicable schedules or "None." Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification I certify under penalty of perjury under the laws of the State Date Signed _

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COM	
Name	
Steven Croft	

NAME OF SOURCE OF INCOME	
white it comes or maxima	NAME OF SOURCE OF INCOME
St. Pancratius School	Lakewood Regional Medical Center
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3601 St. Pancratius Place, Lakewood CA 90712	3700 E. South St., Lakewood CA 90712
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Primary School	Hospital
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
•	Governing Board member
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
□ \$500 - \$1,000	\$500 - \$1,000 [] \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Coto et	Sale of
Sale of(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other	Other
Other(Describe)	(Describe)
 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER 	
retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follows:	ending institutions, or any indebtedness created as part of lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:
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